

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of Winkelman

or Box 124

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 189

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Stanley Portland Gooker } (If birth occurred in a hospital or institution, give its NAME instead of street and number) } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ } 5. Legitimate? Yes } 6. Date of birth June 24 1926 } 7. Date of birth Month day year

8. FATHER Full name Stanley P. Gooker
9. Residence (Usual place of abode) Winkelman
If nonresident, give place and state _____

14. MOTHER Full maiden name Flower Goodwin
15. Residence (Usual place of abode) Winkelman
If nonresident, give place and state _____

10. Color or race White
11. Age at last birthday 25 (Years)

16. Color or race White
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) St Louis
(State or country) Mo

18. Birthplace (city or place) Agatoya
(State or country) _____

13. Occupation Electrician
Nature of industry _____

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 p.m. on the date above stated. (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from 1 supplemental report _____
Month, day, year. _____

Signature Charles H. Hester (Physician or midwife)
Address Hayden Arizona
Filed July 3 1926 Local Registrar.

Registrar. _____ Filed _____ 19__ County Registrar.

289-124-675